MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/534735

CLAIMS

	AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT			AS FILED		AFTER 1ˢᵗ AMENDMENT		AFTER 2ⁿᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16							66						
17							67						
18		/					68						
19							69						
20		/					70						
21		/					71						
22							72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	26	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	26						TOTAL CLAIMS						

PTO - 1360 (REV. 11/84)